



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION
1-800-368-8808 or 304-558-8986



<http://www.wvago.us>

E-Mail: consumer@wvago.gov

CONSUMER COMPLAINT

1. PARTY COMPLAINING

Name:

☐ Mr. ☐ Mrs. ☐ Ms.

Address:

City: State:

County: Zip Code:

Home Telephone:

Work Telephone:

Cell Telephone:

Email:

Best time to contact me:

2. COMPLAINT AGAINST

Business Name:

Address:

City: State:

County: Zip Code:

Telephone:

Name of person you dealt with:

Title:

3. Date of purchase or transaction:

4. Product or service involved:

5. Price and terms of payment:

6. Type of payment: ☐ Cash ☐ Loan ☐ Credit Card ☐ Wire Transfer
Please check ☐ Check ☐ Installment ☐ Debit Card ☐ Western Union
all that apply ☐ Other _____ ☐ PayPal

7. A. If your purchase was **financed**, please provide the name, address, and telephone number of the **finance company**:

B. If your complaint concerns **product defects or repairs**, please provide the name, address, and telephone number of the **manufacturer**:

C. If your complaint is against a **debt collector**, please provide the name, address, and telephone number of the **original creditor**:

PLEASE CONTINUE TO THE NEXT PAGE

8. First contact between you and individual/business:

- | | |
|--|---|
| <input type="checkbox"/> Person came to my home | <input type="checkbox"/> Telephoned the business/individual |
| <input type="checkbox"/> Went to place of business | <input type="checkbox"/> Received telephone call from business/individual |
| <input type="checkbox"/> Received information in the mail | <input type="checkbox"/> Email |
| <input type="checkbox"/> Responded to a radio – TV – printed advertisement | <input type="checkbox"/> Internet |

Name and address of publication – TV – radio station where offer was advertised: _____

Have you contacted the publication, TV or radio station? ☐ Yes ☐ No

9. Where did the purchase/transaction take place?

- | | |
|---|---|
| <input type="checkbox"/> At my home | <input type="checkbox"/> At the place of business |
| <input type="checkbox"/> Over the telephone | <input type="checkbox"/> By mail |
| <input type="checkbox"/> There was no transaction | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Wire Transfer | <input type="checkbox"/> Other _____ |

10. Have you contacted the business about your complaint? ☐ Yes ☐ No

11. Have you filed this complaint with any other agency or organization? ☐ Yes ☐ No

If Yes - Identify organization: _____

What action was taken? _____

12. Describe any legal action you have taken: _____

13. Did you sign a contract? ☐ Yes ☐ No

14. Did you receive a copy of the contract? ☐ Yes ☐ No

15. Did you receive a 3-Day Right to Cancel? ☐ Yes ☐ No

16. Is there a warranty involved? ☐ Yes ☐ No

Attach copies of all documents – front and back – related to the transaction.

If statements or promises were not in writing, describe them in Question 17.

**If you need additional space to tell what happened,
please continue on a separate page and attach it to your complaint.**

17. Please describe your complaint in detail: _____

18. How do you want your complaint resolved? _____

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be used to enforce applicable state laws.

I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General’s Office.

I certify that all information on this form is true and accurate to the best of my knowledge and belief, and that I have the legal authority to submit this claim.

SIGNATURE (Required) _____ **DATE** _____

Optional:

AGE: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:
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Return this form and copies of your papers to:

Office of the Attorney General
Consumer Protection Division
PO Box 1789
Charleston, WV 25326-1789